FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

2012 MAR 20 AM 8: 21

			F	EGMANDICENTER
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Tualymus !	DOWNTY REPL	UBILICAM CE	HORAL C	OMMITITEE!
ADDRESS (number and street)	P.a. Box 1/1	623		
(Check if address is changed)		SHUNGITION S	_	0 - 1 - 1
·	VAMESIONI	<u>V </u>	<i></i>	1953271-LIII
	•	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADD	RESS (Please provide only one		1	
√ (Check if address)	KIEITINIJIOIAINII	W.Com. Gaisition	retuu	
is changed)		<u> </u>		
COMMITTEE'S WEB PAGE	ADDRESS (URL)			
	twolumne	90p1-1C10M11	1 1 1 1 1 1	1
(Check if address is changed)		<i>)</i>		
2. DATE 03'	3'2012			
3. FEC IDENTIFICATION	NUMBER C 6	0325464		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)	1	
I certify that I have examined	d this Statement and to the bes	st of my knowledge and belie	f it is true, correct	and complete.
Type or Print Name of Treas	urer JOAN C	KERN		
Signature of Treasurer	Dan C Ke	m	Date 03	3'23'2012
NOTE: Submission of false, en	roneous, or incomplete information	n may subject the person signi	ng this Statement to	the penalties of 2 U.S.C. §437g.
	•	TION SHOULD BE REPORTED	•	,
Office Use		For further information Federal Election Community Toll Free 800-424-9530	nission	FEC FORM 1 (Revised 02/2009)

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TYPE OF C	OMMITTEE Committee:					
(a)	This committee is a pr	incipal campaign o	committee. (Comple	te the candidate inf	formation below.	)
(b)	This committee is an a information below.)	authorized committe	ee, and is NOT a	orincipal campaign	committee. (Con	plete the candidate
Name of Candidate	<u> </u>	Office				State
Party Affiliation	on	Sough:	House	Senate	President	District
(c)	This committee suppor	ts/opposes only o	ne candidate, and	is NOT an authorize	ed committee.	
Name of Candidate						
Party Com	nmittee:					
(d) X	This committee is a	SUB	(National, State or subordinate) co	mmittee of the	REP	(Democratic, Republican, etc.) Party.
Political A	ction Committee (P	AC):				
(e) <sub>.</sub>	This committee is a se	parate segregated	I fund. (Identify con	nected organization	on line 6.) Its co	prected organization is a
	Corporation		Corpora	ion w/o Capital Sto	Ck	Labor Organization
	Membership C	)rganization	Trade As	secciation		Cooperative
	In addi	tion, this committee	is a Lobbyist/Regis	strant PAC.		
(f)	This committee suppo			andidate, and is NO	OT a separate s	egregated fund or party
	In addition, this	committee is a Lot	obyist/Registrant PA	AC.		
	In addition, this	committee is a Lea	adership PAC. (Ider	atify sponsor an line	6.)	
Joint Fund	Iraising Representa	ıtive:				
(g)	This committee collects committees/organizatio					
(h)	This committee collects committees/organization					wo or more political
Com	mittees Participating i	in Joint Fundrais	en/\_			
1.				FEC ID nur	mber C	•
2.				FEC ID nur	mber C	
3.	ШЩ	$\int \int $		FEC ID nur	mber C	
4.				FEC ID nur	mber C	

1					
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Write or Type Committee Name  TUDLUMNE COUNTY REPUBLICAN (ENTRAL COMMITTEE					
	Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
•					
111111111111					
Mailing Address					
	7				
	CITY STATE ZIP CODE				
Relationship: Connected Organization Affilia	ated Committee Joint Fundraising Representative Leadership PAC Sponsor				
<ol> <li>Custodian of Records: Identify by name, address books and records.</li> </ol>	(phone number optional) and position of the person in possession of committee				
Full Name JOAN C KERN					
Mailing Address	CREEKSUDE DR				
SONORA	CA 95379-LI				
Title or Position	CITY STATE ZIP CODE				
TREASURER!	Telephone number 209-532-0251				
Treasurer: List the name and address (phone numl any designated agent (e.g., assistant treasurer).	per optional) of the treasurer of the committee; and the name and address of				
Full Name of Treasurer					
Mailing Address	CREEKSIDE DRIII				
Sanara	CITY STATE ZIP CODE				
Title or Position	Telephone number 20,91-15321-1251/1				

		$\Omega$			
FEC Form 1 (Revise	ed 02/2009)	(00325)	464 Page 4		
TUDLUMNE CO	UNTY REPUBLICAN CEN	~			
Full Name of Designated	\ \ \				
Agent L.L.L.					
Mailing Address					
_	CITY	STATE	ZIP CODE		
Title or Position		Telephone number			
	han to a three to a th	Total Profits Training			
<ul> <li>Banks or Other Depositor safety deposit boxes or ma</li> </ul>	ies: List all banks or other depositories in intains funds.	which the committee deposits	funds, holds accounts, rents		
Name of Bank, Depository,	etc.				
WESTAMERICA					
Mailing Address	1311 A SANGUY	WETTYRDI			
	5.0NORA	LLLL CA	P63701-LIII		
	CITY	STATE	ZIP CODE		
Name of Bank, Depository,	etc.				
Mor	HER LUDE BANK	1 1 1 1 1 1 1 1 1 1 1 1			
Mailing Address	43769 C MONO	. 1			
	BaNIDIRIA	LA CA	96370-		
	СІТҮ	STATE	ZIP CODE		

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED

(3/2005)

**PREPARER**